

FILE NOW: FILING FEE IS \$61.25

FILED
Oct 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P03292
1. Corporation Name
Faith Fellowship Ministries, Inc.

Principal Place of Business Mailing Address *same*
3830 Williamsburg Park Blvd. Suite 7
Jacksonville, Florida 32257

3. Date Incorporated or Qualified <i>09-06-84</i>	Applied For Not Applicable
4. FEI Number <i>58-1484041</i>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent
ROSAS, DRUCILLA G.
4915 Nature's Hollow Way North
Jacksonville, Florida 32217

10. Name and Address of New Registered Agent
81 Name <i>same (new address only)</i>
82 Street Address (P.O. Box Number is Not Acceptable) <i>4915 Nature's Hollow Way North</i>
83 <i>Jacksonville, Florida 32217</i>
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<i>PD</i>
STREET ADDRESS	<i>Rosas, Drucilla G.</i>
CITY-ST-ZIP	<i>4915 Nature's Hollow Way North</i>
TITLE	<input type="checkbox"/> DELETE
NAME	<i>VP</i>
STREET ADDRESS	<i>Robbins, Paula G.</i>
CITY-ST-ZIP	<i>2111 Birch Bark Drive</i>
TITLE	<input type="checkbox"/> DELETE
NAME	<i>STD</i>
STREET ADDRESS	<i>Ragsdale, Carol</i>
CITY-ST-ZIP	<i>157 Burnside St., Apt. A</i>
TITLE	<input type="checkbox"/> DELETE
NAME	<i>D</i>
STREET ADDRESS	<i>Sanders, Wilton C., Atty.</i>
CITY-ST-ZIP	<i>6100 Lake Forrest Dr., N.W.</i>
TITLE	<input type="checkbox"/> DELETE
NAME	<i>Atlanta, GA 30328</i>
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	600002657406
33 STREET ADDRESS	-10/07/98--01020--033
34 CITY-ST-ZIP	***70.00
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Drucilla St. Ross, Pres.* *Drucilla G. Rosas* (904) 737-1888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)